

PART B - FEE(S) TRANSMITTAL

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26389 7590 11/23/2004

CHRISTENSEN, O'CONNOR, JOHNSON, KINDNESS,
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SUITE 2800
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~~01/07/2005 MBEYENEL 00000165 09065167~~

01-FC-1504	~1400.00-00	FILING DATE DD	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
02-FC-1504			Sunni K. Goeller	MSFT116243	2833

TITLE OF INVENTION: AUTOMATIC CLASSIFICATION OF EVENT DATA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	XXXX \$1400	\$300	XXXX \$1700	02/23/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
IQBAL, NADEEM	2114	714-039000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Christensen, O' Connor
2 Johnson Kindness PLLC
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Microsoft Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Redmond, Washington

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies _____

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A check in the amount of the fee(s) is enclosed. Check No. 160571

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The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-1740 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Donna Coningsby

Date 1/3/2005

Typed or printed name Donna J. Coningsby

Registration No. 41,684

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